



Atty. Dkt. No. 065691-0267

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SAMAIN, Eric et al.
Title: METHOD FOR PRODUCING OLIGOPOLYSACCHARIDES
Appl. No.: 10/019,954
Appl. Filing Date: 05/24/2002
Examiner: Rebecca E. Prouty
Art Unit: 1652
Confirmation Number: 6242

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Enclosed are:

☒ [X] Amendment/Reply.

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The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	44	-	46 = 0	x \$50.00	= \$0.00
Independents	3	-	3 = 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$1,020.00
EXTENSION FEE SUBTOTAL:		\$1,020.00
EXTENSION FEE ALREADY PAID:	-	\$120.00
EXTENSION FEE TOTAL		\$900.00
TOTAL FEE:		\$1,690.00

A credit card payment form in the amount of \$1,690.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 28, 2007

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